

1228

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF DEATH
DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

State File No. 84

Registrar's No. 38

1. Place of Death: (a) County Gila (b) City or Town Miami (c) Location 708 B Mack Ave
(If outside city limits also write RURAL) (St. & No. (or) Name of Institution)

(d) Length of Stay: In Hospital or Institution _____; In Community 26 yrs; In Arizona 35 yrs
(Specify whether years, months or days)

2. Usual Residence of Deceased: (a) State Arizona; (b) County Gila; (c) City or Town Miami
(If outside city limits also write RURAL)

(d) Street No. 708 B Mack Ave (e) If foreign born, in U. S. A. 35 yrs.

3. (a) FULL NAME Francisco Angulo Mendoza (b) If veteran name war 30 (c) Social Security No. 526-09-9330
(If NONE write the word)

4. Sex Male 5. Color or Race Latin 6. (a) Single, married, widowed or divorced Married

6. (b) Name of husband or wife Virginia Mendoza 6. (c) Age of husband or wife, if alive 59 yrs.

7. Birthdate of deceased May 15 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 00 Days 24 If less than one day hrs. min.

9. Birthplace Medicine Headon Mexico
(City, town or county) (State or Country)

10. Usual Occupation Miner

11. Industry or Business Amoco Acetylene Mine

12. Name Francisco Mendoza
13. Birthplace Mexico
(City, town or county) (State or Country)

14. Maiden Name Mrs. Cervera Angulo
15. Birthplace Mexico
(City, town or county) (State or Country)

16. (a) Informant's own signature Paul J. Gallardo
(b) Address X

17. (a) Burial, Cremation or Removal Burial
(b) Place Bunkem (c) Date June 11 1941

18. (a) Embalmer's Signature J. H. ...
(b) Funeral Director J. H. ...
(c) Address Miami, Arizona

19. (a) June 10, 1941
(Date received local Registrar)

(b) Nelson S. Brayton
(Registrar's Signature)

20M 100% Reg 9/22/40

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) June 8, 1941;
TIME (Hour and minute) 12:40 a. m.

21. I hereby certify that I attended the deceased from March 2nd, 1941 to June 7th, 1941;
that I last saw him alive on June 7th, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to Silicosis

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? (City or Town) (County) (State) _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) _____

While at work? (e) Means of injury Nelson S. Brayton M.D.
23. Signature Nelson S. Brayton
Address Miami, Arizona Date signed 6-8-41

DURATION
3 mos.
5 years.
PHYSICIAN
Underline the cause to which death should be charged statistically.